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Informational Bulletin 09-07

**114.3 CMR 22.00 Durable Medical Equipment,
Oxygen and Respiratory Therapy Equipment**

April 16, 2009
(Effective Date May 1, 2009)

HCPCS Updates and Corrections

Under authority of Regulation 114.3 CMR 22.01, the Division of Health Care Finance and Policy has implemented a number of changes in codes and rates for durable medical equipment, oxygen and respiratory therapy equipment services. As outlined in 22.01(5), Coding Updates and Corrections, the Division may publish such changes in the form of an Informational Bulletin that lists: (a) codes for which the code numbers changed, with the corresponding crosswalks; (b) codes for which the descriptions changed; (c) deleted codes for which there are no crosswalks; and (d) for new codes that require new pricing, the Division may list these codes and price them at a percentage of prevailing Medicare fees as described in 114.3 CMR 22.03(15), when Medicare fees are available. When Medicare fees are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates are developed. The changes are effective May 1, 2009.

New Code	New Rate	Description
KE		Bid under round one of the DMEPOS competitive bidding program for use with non-competitive bid base equipment
KL		DMEPOS item delivered via mail
RA		Replacement of a DME item
RB		Replacement of a part of DME furnished as part of a repair
A9284	AAC+20%	Spirometer, non-electronic, includes all accessories
E0487	AAC+20%	Spirometer, electronic, includes all accessories
E0656NU	AAC+30%	Segmental pneumatic appliance for use with pneumatic compressor, trunk (new equipment)
E0656RR	I.C.	Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)
E0656UE	I.C.	Segmental pneumatic appliance for use with pneumatic compressor, trunk (used durable medical equipment)
E0657NU	AAC+30%	Segmental pneumatic appliance for use with pneumatic compressor, chest (new equipment)

New Code	New Rate	Description
E0657RR	I.C.	Segmental pneumatic appliance for use with pneumatic compressor, chest (rental)
E0657UE	I.C.	Segmental pneumatic appliance for use with pneumatic compressor, chest (used durable medical equipment)
E0770NU	AAC+30%	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (new equipment)
E0770RR	I.C.	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (rental)
E0770UE	I.C.	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (used durable medical equipment)
E1354	AAC+30%	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1356	AAC+30%	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	AAC+30%	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	AAC+30%	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E2230	AAC+35%	Manual wheelchair accessory, manual standing system
E2231NU	161.36	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (new equipment)
E2231RR	16.14	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (rental)
E2231UE	121.01	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (used durable medical equipment)
E2295	AAC+35%	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
J1459	26.91	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. Liquid), 500 mg
J7606	AAC	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms

The descriptors of the following codes have been revised:

Code	Rate	Revised Description
A6010	24.77	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	1.82	Collagen based wound filler, dry form, sterile, per gram of collagen
A6021	16.82	Collagen dressing, sterile, pad size 16 sq. in. Or less, each
A6022	16.82	Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	152.24	Collagen dressing, sterile, pad size more than 48 sq. in., each
A6024	4.95	Collagen dressing wound filler, sterile, per 6 inches
A6196	5.88	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	13.15	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	AAC+20%	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing

Code	Rate	Revised Description
A6199	4.23	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6203	2.68	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	4.98	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	14.64	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	AAC+20%	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	5.87	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	AAC+20%	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	5.98	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	15.94	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	23.50	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	7.76	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	9.25	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	8.23	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6215	AAC+20%	Foam dressing, wound filler, sterile, per gram
A6219	0.76	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	2.06	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	AAC+20%	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	1.70	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	1.94	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6224	2.89	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6228	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	2.89	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	3.73	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	5.50	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	15.35	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing

Code	Rate	Revised Description
A6234	5.23	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	13.46	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	21.80	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	6.33	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	18.23	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	20.53	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	9.79	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
A6241	2.06	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	4.86	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	9.85	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6244	31.42	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	5.82	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	7.94	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	19.02	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	12.99	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce
A6251	1.59	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	2.60	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	5.07	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	0.97	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	2.42	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	1.38	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	1.22	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	3.44	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	8.75	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	11.23	Wound cleansers, sterile, any type, any size
A6261	AAC+20%	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	0.97	Wound filler, dry form, per gram, not otherwise specified
A6266	1.54	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard

Code	Rate	Revised Description
A6407	1.50	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
J1572	25.85	Injection, immune globulin, (flebogamma), intravenous, non-lyophilized (e.g. Liquid), 500 mg
K0669	AAC+35%	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0899	AAC+35%	Power mobility device, not coded by DME PDAC or does not meet criteria

The following codes have been deleted and replaced by new crosswalked codes:

Old Code	New Code	New Rate	Old Description
RP	RA RB		Replacement and repair. (Payment depends on product classification)
Q4099	J7606	AAC	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms

The following codes have been deleted and replaced by existing crosswalked codes, the fees for which are available in 114.3 22.06:

Old Code	Crosswalk	Old Description
E0977	E2601, E2602, E2603, E2604, E2605, E2607, E2608	Wedge cushion, wheelchair
E0997	K0071, K0072, K0077	Caster with a fork
E0999	K0070, K0071	Pneumatic tire with wheel